DOCUMENT RESUME

ED 245 471 EC 162 831

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TITLE Applying the Diagnostic and Planning Process to the Handicapped Child.
PUB DATE Apr 84
NOTE 13p.; Paper presented at the Annual Convention of the Council for Exceptional Children (62nd, Washington, DC, April 23-27, 1984).
PUB TYPE Speeches/Conference Papers (150) -- Reports - Research/Technical (143)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS *Disabilities; Elementary Secondary Education; Needs Assessment; *Special Education Teachers; *Student Evaluation; *Teacher Education

ABSTRACT

The development of assessment procedures has been influenced by P.L. 94-142 (The Education for All Handicapped Children Act), current trends in services and teaching methods, efforts to mainstream special education students, the back-to-basics movement, and trends in accountability. In order to identify specific assessment training needs for special education teachers, 60 special education and support personnel from West Virginia responded to a needs assessment survey. The survey instrument addressed the areas of screening, assessment, placement, and individualized education program formulation and implementation. Among the instruments or assessment options most often cited by respondents as those which could be utilized in the assessment-IEP formulation and implementation cycle were the Woodcock-Johnson Psychoeducational Battery, the Wechsler Intelligence Scale For Children-Revised, and behavioral assessments. Training areas for inservice and preservice programs suggested by the survey are considered and the development of assessment competency statements is recommended. (SW)

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Applying the Diagnostic and Planning Process to the Handicapped Child

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Introduction

Recent research argues that serious problems exist with regard to the competence of professionals involved in the assessment of exceptional children, (e.g., Slavia and Ysseldyke, 1978; Kirk and Kirk, 1978; Wallace and Larsen, 1978; Bennette, 1981; Bennett and Shepherd, 1982). The effects of knowledge and skill deficiencies can lead to test misuse and abuse which can in turn result in the provision of inaccurate data to those who must make decisions about the identification, classification, programming, and placement of exceptional children, (Bennett, 1981). Psychologists, for example, have been found to select tests in a routinized manner without consideration for an instrument's utility in educational planning (Keogh, Kukic, Becker, McLaughlin and Kukic, 1975) and to make frequent clerical errors in scoring test results (Miller and Chansky, 1972; Bennett, 1981). Bennett and Shepherd, (1981) in response to a growing concern about the assessment skills of other professionals evaluated learning disability specialists in one aspect of assessment proficiency - basic measurement concepts important to test interpretation.

Each of the 95 diagnosticians (from one state in the United States) participating in the study possessed at least a master's degree, with the great majority (73%) citing special education as a major field of graduate study. Basic measurement competence was defined to include knowledge and ability to apply in the assessment situation, such rudimentary concepts as those related to reliability, validity, norms, measures of central tendency and variability, criterion-referenced interpretations, and interpretive aids. Results of the study showed educational diagnosticians achieved only an average of 50% correct on a 64-item test of measurement competence. In addition,

diagnosticians performed significantly worse on the test than did graduate students enrolled in an introductory measurement course. Bennett concluded that diagnosticians of the population studied were deficient in measurement competence and hence might lack the skills necessary for selection of appropriate procedures as well as sensible interpretation of data routinely used in the identification and placement process.

Other studies also suggest the existence of similar assessment-related, training needs in other populations of child study personnel (Bennett, 1980; Thurlow & Ysseldyke, Algozzine, Regan, Potter, Richey & Thurlow, 1980). Bennett (1981), proposes that the limited data that exist on assessment competence and placement can be taken to suggest support for the following:

1. Assessment personnel may not fully possess the knowledge and skill necessary for proper selection and interpretation of assessment tools.
2. A lack of assessment knwoledge and skill may have negative effects on the placement and educational programming process.

Historical Perspective:

P.L. 94-142 mandates a set of due process procedures as well as assessment guidelines and has greatly influenced the content and procedures of psycho-educational procedures and practices.

The mandates of P.L. 94-142 probably surfaced partially from decades of abuse in the assessment process. There were years of invalid and unreliable measures being used, often by untrained individuals. Many assessments were far too narrow in nature, biased on the background and sex. Consequently, results were used inappropriately and students labeled as handicapped erroneously. P.L. 94-142 has reflected much of this past abuse in setting forth mandates that state departments of education must now meet in order to receive funding.

Also influential in the development of assessment procedures

have been current trends in services and teaching methods, efforts to mainstream special education students, accountability for on-going evaluations of learning and the movement to return to the instruction of basic skills in all areas of education.

McLaughlin and Lewis (1981) cite ten (10) growing trends in educational assessment today:

1. Assess the exceptional student individually
2. Use a variety of procedures, not only standardized tests
3. Develop new tests and other procedures to assess academic, language and other skill areas
4. Identify educationally relevant information, such as instructional goals and objectives.
5. Examine the environment as well as student responses to questions tasks.
6. Continuously evaluate or monitor programs.
7. Develop nondiscriminatory assessment procedures.
8. Use a team approach in assessment.
9. Develop the role of the special educator in assessment.
10. Use assessment data to make legal and instructional decisions concerning the handicapped.

If professional performance is to be improved and misuse of tests and other procedures reduced, specific areas of skill and knowledge deficiency must be identified. Some of these areas have been identified for some groups of professionals; (e.g., test-scoring skills, basic measurement competence). However, no research to date has attempted to identify the specific assessment training needs for special education teachers. Such data is essential to the development of inservice programs relevant to the assessment-training needs of special education personnel (Bennett and Lewis, 1980).

Assessment Training - Needs Survey

A needs assessment was mailed to the directors of special education of thirty-three (33) counties in the mandated service area served

by West Virginia University. This was done to determine what special education and support personnel perceived as needs in the areas of screening, assessment, placement IEP formulation implementation. This was the first step in designing a training program in the area of diagnostic assessment and subsequent classroom strategies for special education and support personnel.

Federal and many state standards for the education of exceptional children mandate that each county provide staff who are appropriately trained and who possess the competence required to participate in referral procedures, screening procedures, and techniques and instruments needed for the assessment and education of handicapped children and youth. Sixty (60) West Virginia special education and support personnel responded to the assessment as follows:

Special Education & Support Personnel	Number of Respondents
Directors or Coordinators of Special Education	6
Learning Disability Teachers	15
Trainable Mentally Handicapped	2
Intermediate Educable Mentally Handicapped	4
Behavioral Disorders Teachers	2
LD/EMH Teachers	7
Physically Handicapped	1
Multiply Handicapped	2
Visually Impaired	1
Psychologists, Diagnosticians, Evaluators	9
Vocational Teachers	1
Counselors	2
Pre-School	1
PMR (primary)	4
Gifted	1
Unspecified Special Education	2

The following items, which represent prioritized areas germane to the breadth of diagnostics, were listed by the respondents as areas that need to be addressed in the training process:

1. Assessment
2. IEP Formulation
3. Screening
4. Placement
5. IEP Implementation
6. IEP short-term objectives

If the assessment process, starting with screening and extending through IEP formulation, is to be successful, special education and support personnel should be knowledgeable in the use of tests, their strengths and weakness, and in their interpretation. This does not require that each person be an accomplished psychometrist. It does, however, require that individuals be able to deal with test data in a knowledgeable and meaningful manner. This knowledge will promote translation of assessment data into specific educational recommendations and subsequent IEP formulation and implementation.

The following list of assessment instruments were most often cited by the largest number of special education teachers and support personnel respondents as instruments or assessment options that could be utilized in the assessment - IEP formulations and implementation cycle:

1. Woodcock-Johnson Psychoeducational Battery
2. Wechsler Intelligence Scale for Children - Revised
3. Behavioral Assessments
4. Detroit Tests of Learning Aptitude
5. Stanford - Binet
6. Brigance Inventory of Early Development
7. Brigance Diagnostic Inventory of Basic Skills
8. Quick Neurological Screening Test
9. Denver Developmental Screening Test
10. Goldman-Fristoe Woodcock Auditory Skills Battery
11. Bender Visual Motor Gestalt Test
12. McCarthy Scales
13. Wepman Auditory Skills Battery
14. Gesell
15. Brenner Gestalt

Discussion

The needs assessment suggests specific training areas for special education teachers and support personnel at both the in-service level and pre-service levels. Training at the in-service level could be met through participant-oriented workshop programs designed to increase special education teacher's and support personnel's knowledge of measurement concepts and their skill in applying such concepts to actual test use and interpretation. The training should recognize the need to assure a firm assessment foundation for developing appropriate educational programs for handicapped chidlren.

The in-service training can augment consultation and follow-up throughout the year to assist school personnel in exercising a higher level of service provision. The objective of the consultation component should be to help participants attain proficiency in test usage and interpretation and program development at the school-based level.

The assessment need at the preservice area may be addressed at the university or college level by incorporating measurement content into those programs that do not currently provide adequate coverage in this area. Training can also be delivered in the form of a required "tests and measurements" course or within the context of coursework and supervised practica in the assessment of exceptional children.

This training should be designed to enhance that subtest of overall responsibilities across positions, in which duties are assigned in the areas of screening, assessment, placement, IEP formulation and implementation. As clearly defined in the review of literature, there are a number of teachers and support personnel serving children

with handicaps who lack the necessary skills to screen, place, formulate and implement IEPs.

Recommendations for Research

Further research detailing special education personnels' assessment training needs could lead to Bennett's (1981) recommendation of providing assessment competency statements as an essential requirement in each professional Special Education area's "Code of Ethics." Subsequent studies might attempt to validate a taxonomy of basic measurement concepts and set minimal standards for the competencies they represent through the examination of the "success" of specialists with varying amounts of knowledge and skill in particular areas of perceived importance. This could hopefully lead to a performance-based certification for Special Education personnel.

The ultimate impact of the training is on improved educational planning for handicapped children - particularly those for whom more complex assessment of programming is appropriate.

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